

<i>SERFF Tracking Number:</i>	<i>CMLX-G126813841</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Companion Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46795</i>
<i>Company Tracking Number:</i>	<i>AR001360100001</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>MMEM02GR10</i>		
<i>Project Name/Number:</i>	<i>MMEM02GR10/AR001360100001</i>		

## Filing at a Glance

Company: Companion Life Insurance Company

Product Name: MMEM02GR10

SERFF Tr Num: CMLX-  
G126813841

State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-  
Closed

State Tr Num: 46795

Sub-TOI: H16G.001C Any Size Group - Other

Co Tr Num: AR001360100001

State Status: FEES PAID

Filing Type: Form

Author: SPI CompanionLife

Reviewer(s): Rosalind Minor

Date Submitted: 09/14/2010

Disposition Date: 09/27/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: 09/14/2010

Implementation Date:

State Filing Description:

## General Information

Project Name: MMEM02GR10

Project Number: AR001360100001

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/27/2010

Deemer Date:

Submitted By: SPI CompanionLife

PPACA: Grandfathered Immed Mkt Reforms

Filing Description:

PPACA RELATED

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 09/15/2010

Created By: SPI CompanionLife

Corresponding Filing Tracking Number:

Companion Life Insurance Company hereby files the attached amendments to comply with the requirements of the Patient Protection and Affordable Care Act (PPACA). They will be used with forms previously filed and approved in your state.

These forms have not been submitted to South Carolina, our domiciliary state, as we do not issue policies subject to

SERFF Tracking Number: CMLX-G126813841 State: Arkansas  
Filing Company: Companion Life Insurance Company State Tracking Number: 46795  
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TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
Product Name: MMEM02GR10  
Project Name/Number: MMEM02GR10/AR001360100001

PPACA in South Carolina.

## Company and Contact

### Filing Contact Information

Vivian Frederic, Contracts Compliance Specialist  
vivian.frederic@companiongroup.com  
7909 Parklane Rd  
803-735-1251 [Phone] 46777 [Ext]  
Columbia, SC 29223-5666  
800-836-5433 [FAX]

### Filing Company Information

Companion Life Insurance Company  
7909 Parklane Rd, Suite 200  
Columbia, SC 29223-5666  
CoCode: 77828  
Group Code: 661  
Group Name: Companion Life Insurance Company  
State of Domicile: South Carolina  
Company Type:  
State ID Number:  
(803) 735-1251 ext. [Phone]  
FEIN Number: 57-0523959

## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Life Insurance Company	\$100.00	09/14/2010	39502876

SERFF Tracking Number:	CMLX-G126813841	State:	Arkansas
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Product Name:	MMEM02GR10		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/27/2010	09/27/2010

<i>SERFF Tracking Number:</i>	<i>CMLX-G126813841</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Companion Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46795</i>
<i>Company Tracking Number:</i>	<i>AR001360100001</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>MMEM02GR10</i>		
<i>Project Name/Number:</i>	<i>MMEM02GR10/AR001360100001</i>		

## Disposition

Disposition Date: 09/27/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CMLX-G126813841</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Companion Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46795</i>
<i>Company Tracking Number:</i>	<i>AR001360100001</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>MMEM02GR10</i>		
<i>Project Name/Number:</i>	<i>MMEM02GR10/AR001360100001</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Form</b>	Policy Amendment	Approved-Closed	Yes
<b>Form</b>	Policy Amendment	Approved-Closed	Yes

SERFF Tracking Number: CMLX-G126813841 State: Arkansas

Filing Company: Companion Life Insurance Company State Tracking Number: 46795

Company Tracking Number: AR001360100001

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other

Product Name: MMEM02GR10

Project Name/Number: MMEM02GR10/AR001360100001

## Form Schedule

### Lead Form Number: PPACA - Grandfathered

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/27/2010	PPACA - Grandfathered	Other	Policy Amendment	Initial		40.000	PPACA - Grandfathered Amendment.PDF
Approved-Closed 09/27/2010	PPACA - Non-Grandfathered	Other	Policy Amendment	Initial		40.000	PPACA - Non-Grandfathered Amendment.PDF



COMPANION LIFE INSURANCE COMPANY  
7909 PARKLANE ROAD, SUITE 200, COLUMBIA, SC 29223-5666  
P.O. BOX 100102, COLUMBIA, SC 29202-3102  
(803) 735-1251  
(the "Company")

## AMENDMENT

This amendment forms a part of the Group Policy No. [123456] and certificate of coverage.

Policyholder: [ABC Company]

## DEFINITIONS

The following definitions have the following meanings:

**“Essential health benefits”** has the meaning found in Section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

**“Policy year”** means the 12-month period that is designated as the policy year in the contract. If there is no designation of a policy year in the contract, then the policy year is the deductible or limit year used under the contract. If deductibles or other limits are not imposed on a yearly basis under the contract, the policy year is the calendar year.

## BENEFITS

It is agreed that the following changes are hereby made:

### **Lifetime Dollar Limits**

Any lifetime dollar limit on any essential health benefits in the contract is deleted. The contract is amended to provide that if an individual's coverage under the contract had terminated due to reaching a lifetime dollar limit, the individual may enroll during the first 30 days of a policy year that begins on or after September 23, 2010, and coverage will begin on the first day of the policy year that begins on or after September 23, 2010.

### **Annual Dollar Limits**

Any annual dollar limit on any essential health benefits in the group contract or certificate is amended to be the greater of (1) the annual dollar limit permitted under 45 CFR 147.126 of the Patient Protection and Affordable Care Act; and (2) the annual dollar limit described in the group contract or certificate.

**Rescissions**

Any provision of the contract that describes the right of Companion Life Insurance Company to rescind or void the contract is amended to permit Companion Life Insurance Company to rescind or void the coverage of an individual only if (1) the individual performs an act, practice, or omission that constitutes fraud; or (2) the individual makes an intentional misrepresentation of material fact. Any provision of the contract that describes notice of rescission of coverage and that provides less than 30-days advance written notice of rescission is amended to provide 30-days advance written notice of any rescission of coverage.

**Prohibition on Pre-existing Conditions for Children**

The following provisions of the group contract or certificate shall not apply to any child who is under the age of 19:

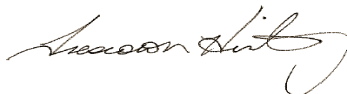
- 1) Any provision that describes a pre-existing condition exclusion or limitation;
- 2) Any provision that indicates that a pre-existing condition exclusion or limitation is applicable;
- 3) Any provision that indicates that benefits are contingent on an injury occurring or a sickness first manifesting itself while the individual is covered under the group contract or certificate; and
- 4) Any provision of the group contract or certificate that describes possible denial or rejection of coverage due to underwriting.

**Extension of Adult Dependent Coverage**

For purposes of eligibility for coverage under this group contract or certificate, a dependent child is the Member's natural child, adopted child, foster child, stepchild or child for whom the Member has legal custody or legal guardianship and who is under 26 years of age. Any reference to requirements other than age and relationship to the Member are hereby removed. This provision is applicable only if the group contract or certificate includes dependent coverage.

The effective date of this change is [January 1, 2011]. All other terms and provisions of the policy will apply other than stated in this amendment.

Dated at Columbia, South Carolina, this [1<sup>st</sup>] day of [October] [2010].



Trescott N. Hinton, Jr  
President





COMPANION LIFE INSURANCE COMPANY  
7909 PARKLANE ROAD, SUITE 200, COLUMBIA, SC 29223-5666  
P.O. BOX 100102, COLUMBIA, SC 29202-3102  
(803) 735-1251  
(the "Company")

## AMENDMENT

This amendment forms a part of the Group Policy No. [123456] and certificate of coverage.

Policyholder: [ABC Company]

## DEFINITIONS

The following definitions have the following meanings:

**“Emergency Services”** means, with respect to an emergency medical condition:

- 1) A medical screening examination (as required under Section 1867 of the Social Security Act, 42 U.S.C. 1395dd) that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition, and
- 2) Such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the hospital, as are required under Section 1867 of the Social Security Act (42 U.S.C. 1395dd(e)(3)).

**“Emergency medical condition”** means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) so that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- 1) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- 2) Serious impairment to bodily functions; or
- 3) Serious dysfunction of any bodily organ or part.

**“Essential health benefits”** has the meaning found in Section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

**“Non-participating provider”** means a health care practitioner or health care facility that has not contracted directly with Companion Life Insurance Company or an entity contracting on behalf of

Companion Life Insurance Company to provide health care services to Companion Life Insurance Company's enrollees.

**“Participating provider”** means a health care practitioner or health care facility that has contracted directly with Companion Life Insurance Company or an entity contracting on behalf of Companion Life Insurance Company to provide health care services to the Company's enrollees.

**“Policy year”** means the 12-month period that is designated as the policy year in the contract. If there is no designation of a policy year in the contract, then the policy year is the deductible or limit year used under the contract. If deductibles or other limits are not imposed on a yearly basis under the contract, the policy year is the calendar year.

## **BENEFITS**

It is agreed that the following changes are hereby made:

### **Lifetime Dollar Limits**

Any lifetime dollar limit on any essential health benefits in the contract is deleted. The contract is amended to provide that if an individual's coverage under the contract had terminated due to reaching a lifetime dollar limit, the individual may enroll during the first 30 days of a policy year that begins on or after September 23, 2010, and coverage will begin on the first day of the policy year that begins on or after September 23, 2010.

### **Annual Dollar Limits**

Any annual dollar limit on any essential health benefits in the group contract or certificate is amended to be the greater of (1) the annual dollar limit permitted under 45 CFR 147.126 of the Patient Protection and Affordable Care Act; and (2) the annual dollar limit described in the group contract or certificate.

### **Rescissions**

Any provision of the contract that describes the right of Companion Life Insurance Company to rescind or void the contract is amended to permit Companion Life Insurance Company to rescind or void the coverage of an individual only if (1) the individual performs an act, practice, or omission that constitutes fraud; or (2) the individual makes an intentional misrepresentation of material fact. Any provision of the contract that describes notice of rescission of coverage and that provides less than 30-days advance written notice of rescission is amended to provide 30-days advance written notice of any rescission of coverage.

### **Preventive Services**

In addition to any other preventive benefits described in the contract, Companion Life Insurance Company shall cover the following preventive services and shall not impose any cost-sharing requirements, such as deductibles, copayment amounts or coinsurance amounts to any covered individual receiving any of the following benefits for services received from participating providers:

- 1) Evidenced-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force, except that the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention of breast cancer shall be considered the most current other than those issued in or around November 2009;
- 2) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved;
- 3) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and

- 4) With respect to women, such additional preventive care and screenings not described in paragraph 1) above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

Companion Life Insurance Company shall update new recommendations to the preventive benefits listed above at the schedule established by the Secretary of Health and Human Services.

#### **Prohibition on Pre-existing Conditions for Children**

The following provisions of the group contract or certificate shall not apply to any child who is under the age of 19:

- 1) Any provision that describes a pre-existing condition exclusion or limitation;
- 2) Any provision that indicates that a pre-existing condition exclusion or limitation is applicable;
- 3) Any provision that indicates that benefits are contingent on an injury occurring or a sickness first manifesting itself while the individual is covered under the group contract or certificate; and
- 4) Any provision of the group contract or certificate that describes possible denial or rejection of coverage due to underwriting.

#### **Emergency Services**

Any provision of the group contract or certificate that provides benefits with respect to services in an emergency department of a hospital is amended to provide emergency services

- 1) Without the need for any prior authorization determination, even if the emergency services are provided by a non-participating provider;
- 2) Without regard to whether the health care provider furnishing the emergency services is a participating provider with respect to the services; and
- 3) If the emergency services are provided by a non-participating provider, without imposing any administrative requirement or limitation on coverage that is more restrictive than the requirements or limitations that apply to emergency services received from participating providers.

#### **Cost-Sharing Requirements for Emergency Services**

If any copayment amount or coinsurance percentage described in the group contract or certificate for emergency services is different for a service received from a participating provider than a non-participating provider, the copayment amount and coinsurance percentage for emergency services provided by a non-participating provider is amended to be identical to the copayment amount and coinsurance percentage listed in the group contract or certificate for emergency services provided by a participating provider.

Companion Life Insurance Company shall pay the greater of the following amounts for emergency services received from non-participating providers:

- 1) The amount set forth in the group contract or certificate to which this amendment is attached;
- 2) The amount negotiated with participating providers for the emergency service provided, excluding any copayment or coinsurance that would be imposed if the service had been received from a participating provider. If there is more than one amount negotiated with participating providers for the emergency service provided, the amount paid shall be the median of these negotiated amounts, excluding any copayment or coinsurance that would be imposed if the service had been received from a participating provider.
- 3) The amount for the emergency service calculated using the same method Companion Life Insurance Company generally used to determine payments for services provided by a non-participating provider (such as usual, customary and reasonable amount), excluding any copayment or coinsurance that would be imposed if the service had been received from a participating provider; or

- 4) The amount that would be paid under Medicare (part A or part B of Title XVIII of the Social Security Act, 42 U.S.C. 1395 et seq.) for the emergency service, excluding any copayment or coinsurance that would be imposed if the service had been received from a participating provider.

Any other provision of the group contract or certificate that describes cost-sharing for services received from non-participating providers, other than copayment amounts or coinsurance responsibilities, continue to apply to emergency services received from non-participating providers. Examples of these cost-sharing requirements include deductibles and out-of-pocket limits. Any out-of-pocket limit described in the group contract or certificate that generally applies to services received from non-participating providers is applicable to emergency services received from non-participating providers.

#### **Extension of Adult Dependent Coverage**

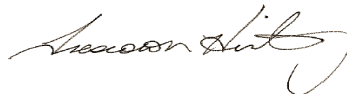
For purposes of eligibility for coverage under this group contract or certificate, a dependent child is the Member's natural child, adopted child, foster child, stepchild or child for whom the Member has legal custody or legal guardianship and who is under 26 years of age. Any reference to requirements other than age and relationship to the Member are hereby removed. This provision is applicable only if the group contract or certificate includes dependent coverage.

#### **Appeal Process**

If you are dissatisfied with the resolution reached through the Company's appeal process, you may contact the Insurance Commissioner at: [Department of Insurance address and telephone number].

The effective date of this change is [January 1, 2011]. All other terms and provisions of the policy will apply other than stated in this amendment.

Dated at Columbia, South Carolina, this [1<sup>st</sup>] day of [October] [2010].



Trescott N. Hinton, Jr  
President

SERFF Tracking Number:	CMLX-G126813841	State:	Arkansas
Filing Company:	Companion Life Insurance Company	State Tracking Number:	46795
Company Tracking Number:	AR001360100001		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.001C Any Size Group - Other
Product Name:	MMEM02GR10		
Project Name/Number:	MMEM02GR10/AR001360100001		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	09/27/2010
<b>Comments:</b>		
<b>Attachment:</b>		
AR - READABILITY CERTIFICATION.PDF		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	09/27/2010
<b>Bypass Reason:</b> Policy not included in this filing		
<b>Comments:</b>		


	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	09/27/2010
<b>Comments:</b>		
<b>Attachment:</b>		
AR - PPACA UNIFORM COMPL SUMMARY.PDF		

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME:** Companion Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
PPACA - Grandfathered	40
PPACA - Non-Grandfathered	40

Signed:   
Name: Karl Kemmerlin  
Title: Vice President and CFO  
  
Date: September 14, 2010

## PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

☐ **INDIVIDUAL HEALTH BENEFIT PLANS** (Complete [SECTION A](#) only)

☒ **SMALL / LARGE GROUP HEALTH BENEFIT PLANS** (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

**\*For all filings, include the Type of Insurance (TOI) in the first column.**

☐ Check box if this is a paper filing.

### COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
Companion Life Insurance Company	0661-77828	CMLX-G126813841	CLIC-P-0105-1-AR (Policy) CLIC-C-0105-1-AR (Certificate)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b> Explanation: Page Number:	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	<b>Eliminate Annual Dollar Limits on Essential Benefits</b> Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014. Explanation: Page Number:	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b> Explanation: Page Number:	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	<b>Prohibit Rescissions</b> – Except for fraud or intentional misrepresentation of material fact. Explanation: Page Number:	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.



## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services. Explanation: Page Number:	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	<b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26. Explanation: Page Number:	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	<b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process. Explanation: Page Number:	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	<b>Emergency Services</b> – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Access to Pediatricians</b> – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

## PPACA Uniform Compliance Summary

### SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16G	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
	Explanation:		If <b>no</b> , please explain.	If <b>no</b> , please explain.
	Page Number: Certificate Page 65			
H16G	<b>Eliminate Annual Dollar Limits on Essential Benefits –</b> Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
	Explanation:		If <b>no</b> , please explain.	If <b>no</b> , please explain.
	Page Number: Certificate Page 3			
H16G	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
	Explanation:		If <b>no</b> , please explain.	If <b>no</b> , please explain.
	Page Number: Certificate Page 3			
H16G	<b>Prohibit Rescissions</b> – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
	Explanation:		If <b>no</b> , please explain.	If <b>no</b> , please explain.
	Page Number: Policy Page 6			

## PPACA Uniform Compliance Summary

### SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16G	<b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No  If <b>no</b> , please explain.
	Explanation:			
	Page Number: Certificate Page 6			
H16G	<b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26. ♦	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input checked="" type="checkbox"/> <b>Yes •</b> <input type="checkbox"/> No  If <b>no</b> , please explain.	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No  If <b>no</b> , please explain.
	Explanation:			
	Page Number: Certificate Page 16			
H16G	<b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No  If <b>no</b> , please explain.
	Explanation:			
	Page Number: Certificate Page 59			

- For plan years beginning before January 1, 2010, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

## PPACA Uniform Compliance Summary

### SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16G	<b>Emergency Services</b> – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  If <b>no</b> , please explain.
	Explanation:			
	Page Number: Certificate Page 5			
H16G	<b>Access to Pediatricians</b> – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>  If <b>no</b> , please explain.
	Explanation: Policy does not require PCP designation.			
	Page Number:			
H16G	<b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>  If <b>no</b> , please explain.
	Explanation: Policy does not require authorization or referral requirements for obstetrical or gynecological care.			
	Page Number:			